



# SPONSORSHIP OPPORTUNITIES – 2024

We invite your participation as a sponsor of the **Chairman’s Reception, A Toast to Excellence**. All sponsorships include company logo on Capital Health website and sponsor media at the event.

## CHAIRMAN’S RECEPTION, A TOAST TO EXCELLENCE

THURSDAY, NOVEMBER 21, 2024 | THE STONE TERRACE | 2275 KUSER ROAD, HAMILTON, NJ 08690

### EVENT SPONSORSHIP

|  |                 |   |  |                 |  |
|--|-----------------|---|--|-----------------|--|
| <input type="checkbox"/> <b>PRESENTING EXCLUSIVE</b> | <b>\$35,000</b> | <b>12 TICKETS</b><br>invitation to Awardees & Benefactor Pre-Mingle Reception and reserved seating at Chairman’s Reception. | <input type="checkbox"/> <b>GOLD</b>   | <b>\$10,000</b> | <b>6 TICKETS</b><br>invitation to Awardees & Benefactor Pre-Mingle Reception and reserved seating at Chairman’s Reception. |
| <input type="checkbox"/> <b>PLATINUM</b>             | <b>\$25,000</b> | <b>10 TICKETS</b><br>invitation to Awardees & Benefactor Pre-Mingle Reception and reserved seating at Chairman’s Reception. | <input type="checkbox"/> <b>SILVER</b> | <b>\$5,000</b>  | <b>4 TICKETS</b>   |
| <input type="checkbox"/> <b>DIAMOND</b>              | <b>\$15,000</b> | <b>8 TICKETS</b><br>invitation to Awardees & Benefactor Pre-Mingle Reception and reserved seating at Chairman’s Reception.  | <input type="checkbox"/> <b>BRONZE</b> | <b>\$2,500</b>  | <b>2 TICKETS</b>   |
| <b>COMMEMORATE THE AWARDEE</b>                       |                 |   |  |                 |  |
| <input type="checkbox"/> <b>PATRON</b>               | <b>\$1,000</b>  | <b>1 TICKET</b>   | <input type="checkbox"/> <b>FRIEND</b> | <b>\$500</b>    |  |

### GIFT OF SUPPORT

We are unable to attend the Chairman’s Reception, but would like to provide a gift of support and have enclosed a contribution of:

- \$2,000
- \$1,500
- \$1,000
- \$750
- \$500
- \$250
- OTHER \$ \_\_\_\_\_

### DONOR INFORMATION

|              |                      |       |     |
|--------------|----------------------|-------|-----|
| COMPANY NAME | CONTACT NAME & TITLE |       |     |
| ADDRESS      | CITY                 | STATE | ZIP |
| PHONE        | EMAIL                |       |     |

#### PAYMENT INFORMATION

PLEASE FULFILL YOUR SPONSORSHIP COMMITMENT BY DECEMBER 31, 2024.

#### Payment Total:

- Enclosed is our payment of \$ \_\_\_\_\_
- Full payment of \$ \_\_\_\_\_ will be forthcoming.  
(IF APPLICABLE)

#### Payment will be made via:

- CHECK, payable to Capital Health
- CREDIT CARD

#### ONLINE REGISTRATION

Visit [www.capitalhealth.org/donate/make-gift-new](http://www.capitalhealth.org/donate/make-gift-new) and make an online donation.

|   |             |
|---|-------------|
| Name (as it appears on card — please print) |             |
| Card Number                                 | Exp. Date   |
| CW  | Billing Zip |

#### Payment schedule will be:

- ONE-TIME, occurring by \_\_\_\_\_ DATE
- REMAINING QUARTERS OF CALENDAR YEAR  
DELIVER BY SEPTEMBER & DECEMBER 2024

**Please complete & return this form to: Capital Health Foundation • Two Capital Way, Suite 361 • Pennington, NJ 08534**  
For more information, please contact Ginger Zhou, Special Events & Projects Manager, at (609) 303-4349 or [gzhou@capitalhealth.org](mailto:gzhou@capitalhealth.org).

INVITATIONS TO ATTEND THE GOLF TOURNAMENT AND/OR CHAIRMAN’S RECEPTION MAY NOT BE MADE DIRECTLY TO CAPITAL HEALTH EMPLOYEES. PLEASE CONTACT CAPITAL HEALTH FOUNDATION IF YOU WISH TO INVITE AN EMPLOYEE TO ATTEND AS YOUR GUEST. IF YOU WISH TO BE REMOVED FROM OUR MAILING LIST FOR INVITATIONS AND OTHER RELATED FUNDRAISING ACTIVITIES, PLEASE EMAIL YOUR REQUEST TO [donate@capitalhealth.org](mailto:donate@capitalhealth.org) OR CALL (609) 303-4121.